

<b>TRAFFIC ACCIDENT REPORT</b>	<b>INCIDENT NUMBER</b>	<b>REPORT NUMBER</b>	<b>REPORT TYPE</b>
	29AUG19-39KH-00470-14DMA	190230100470 VERSION 1	INITIAL

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397  
**PRINCIPAL PURPOSE:** Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.  
**ROUTINE USES:** Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.  
**DISCLOSURE IS VOLUNTARY:** SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

**ADMINISTRATIVE**

**Incident Subject :** Multiple Motor Vehicle Collision/ Reckless Driving/ Damage to Private Property

<b>Date Received</b> 29-AUG-2019	<b>Time Received</b> 2025	<b>Incident Received</b> By Crime Stop Call/911	<b>Start Date / Time of Incident</b> 29-AUG-2019 2022	<b>End Date / Time of Incident</b> 29-AUG-2019 2022
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<b>Type of Accident</b> Vehicle-Vehicle	<b>Number Vehicles Involved</b> 2	<b>Severity</b> 0 Number Killed    1 Number Injured    No Property Damage
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**Weather :** Clear      **Lighting :** Dark (Lighted)

**LOCATION**

<b>On/Off Base</b> On	<b>Road or Street on Which Accident Occurred</b> Cochran Street (21.441629, -157.739959)	<b>City, State/Territory, Zip/Postal Code, Country</b> MCBH Kaneohe Bay, HI 96863 USA
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22 Feet NE of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as 6621B Cochran Street, Kailua, HI 96863

**Kind of Locality :** Highway/Road/Alley (includes street)

**VEHICLE(S)**

<b>Vehicle #1</b>	<b>Year</b> 2007	<b>Color</b> Red	<b>Model</b> COBALT	<b>Body Style</b> Sedan (2DR/4DR)	<b>Make</b> CHEVEROLET	<b>Owner Name</b> (b) (6), (b) (7)(C)
<b>License Plate</b> Hawaii / TTF921	<b>DOD Decal</b> T7991277	<b>Vehicle Identification Number (VIN)</b> (b) (6), (b) (7)(C)			<b>Ownership Type</b> Private/Personal	
<b>Insurance Policy Number</b> (b) (6), (b) (7)(B)		<b>Insurance Company</b> Gieco		<b>Insurance Expires On</b> 24-SEP-2019		

**Other Identifying Marks :**

**Traffic Control/Road Conditions**

<b>Driving Lanes :</b> Two Lane	<b>Character :</b> Level, Straight
<b>Surface :</b> Blacktop	<b>Conditions :</b> Dry
<b>Road Defects :</b> No Defects	<b>Traffic Control :</b> No Traffic Signal

**Contributing Circumstances and Driver Actions**

<b>Direction Headed :</b> E	<b>Vehicle Defects :</b> None Noted	
<b>Lawful Speed :</b> 15	<b>Estimated Speed at Impact :</b>	<b>Estimated Speed when Danger was First Noticed :</b>
<b>Distance Traveled after Impact :</b> 10	<b>Estimated Distance when Danger was First Noticed :</b>	

**Vehicle Damage**

<b>Severity of Damage :</b> Disabling Damage	<b>Areas Damaged :</b> 1 - Front Right, 12 - Front Left, 13 - Hood
<b>Towed By :</b> Released to Driver	<b>Towed To :</b> N/A

<b>Vehicle # 2</b>	<b>Year</b> 2016	<b>Color</b> Gray	<b>Model</b> 200	<b>Body Style</b> Sedan (2DR/4DR)	<b>Make</b> CHRYSLER	<b>Owner Name</b> (b) (6), (b) (7)(C)
<b>License Plate</b> Hawaii / SVE805	<b>DOD Decal</b> T7641799	<b>Vehicle Identification Number (VIN)</b> (b) (6), (b) (7)(C)			<b>Ownership Type</b> Private/Personal	
<b>Insurance Policy Number</b> (b) (6), (b) (7)(C)		<b>Insurance Company</b> LIBERTY MUTUAL		<b>Insurance Expires On</b> 16-NOV-2019		



<b>Other Identifying Marks :</b>				
Traffic Control/Road Conditions				
<b>Driving Lanes :</b> Two Lane		<b>Character :</b> Level, Straight		
<b>Surface :</b> Blacktop		<b>Conditions :</b> Dry		
<b>Road Defects :</b> No Defects		<b>Traffic Control :</b> No Traffic Signal		
Contributing Circumstances and Driver Actions				
<b>Direction Headed :</b> W		<b>Vehicle Defects :</b> None Noted		
<b>Lawful Speed :</b> 15	<b>Estimated Speed at Impact :</b>	<b>Estimated Speed when Danger was First Noticed :</b>		
<b>Distance Traveled after Impact :</b> 10	<b>Estimated Distance when Danger was First Noticed :</b>			
Vehicle Damage				
<b>Severity of Damage :</b> Disabling Damage		<b>Areas Damaged :</b> 1 - Front Right, 12 - Front Left, 13 - Hood		
<b>Towed By :</b> Released to Owner		<b>Towed To :</b> N/A		
<b>DRIVER(S)</b>				
<b>DRIVER #1</b>			<b>Vehicle 1</b>	
<b>Name</b>		<b>ID Num</b>	<b>Rank</b>	
(b) (6), (b) (7)(C)				
<b>Branch of Service</b>	<b>Personnel Type</b>	<b>Status</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
<b>Home Telephone</b>			<b>Work Telephone</b>	
(b) (6), (b) (7)(C)			808-257-1600	
<b>Address</b>				
(b) (6), (b) (7)(C)				
<b>Organization</b>			<b>UIC / RUC</b>	
CLB-3			M29039	
<b>Drivers License</b>		<b>Limitations on License</b>	<b>Driving Experience</b>	
(b) (6), (b) (7)(C) NM USA		None		
<b>Seat Belt Use</b>	<b>Seat Occupied</b>	<b>Chemical Test Given</b>	<b>Chemical Test Refused</b>	<b>BAC PCT</b>
Not Used	1	No	No	
<b>Injury Type(s):</b>				
Apparent Minor Injury				
Contributing Circumstances and Driver Actions				
<b>Citation Number</b>		<b>Driver Actions</b>		
		Going Straight Ahead		
<b>OCCUPANTS(S)</b>				
<b>PEDESTRIAN(S)</b>				
<b>COMPLAINANT(S)</b>				
<b>COMPLAINANT</b>				
<b>Name</b>		<b>ID Num</b>	<b>Rank</b>	
(b) (6), (b) (7)(C)				
<b>Branch of Service</b>	<b>Personnel Type</b>	<b>Status</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
	CIVILIAN	(b) (6), (b) (7)(C)		
<b>Address</b>				
(b) (6), (b) (7)(C)				
<b>Organization</b>		<b>UIC / RUC</b>	<b>Work Telephone</b>	
<b>OFFENSE(S)</b>				
<b>OFFENSE #1</b>				
<b>Offense :</b> UCMJ - Article 109 - Property other than military property of United States-waste, spoilage, or destruction (on or after January 1, 2019)		<b>Statutory Basis :</b> UCMJ	<b>On Base :</b> YES	<b>Offense Status :</b> COMPLETED
<b>Location :</b> COCHRAN ST MCBH KANEOHE BAY, Hawaii		<b>Location Type :</b> Highway/Road/Alley (includes street)		



<b>Bias Motivation :</b> Unknown Bias						
<b>Offender Used :</b>			<b>Type Weapon / Force Used :</b>			
<b>Type of Criminal Activity :</b>						
<b>VEHICLE(S) USED IN COMMISSION OF OFFENSE</b>						
<b>Vehicle # 1</b>	<b>Vehicle Status</b> Suspect	<b>Year</b> 2007	<b>Make</b> CHEVEROLET	<b>Model</b> COBALT	<b>Body Style</b> Sedan (2DR/4DR)	<b>Color</b> Red
<b>License Plate</b> Hawaii / TTF921		<b>Vehicle Identification Number (VIN)</b> (b) (6), (b) (7)(C)			<b>Owner Name</b> (b) (6), (b) (7)(C)	
<b>Other Identifying Marks</b>						
<b>Vehicle # 2</b>	<b>Vehicle Status</b> Target	<b>Year</b> 2016	<b>Make</b> CHRYSLER	<b>Model</b> 200	<b>Body Style</b> Sedan (2DR/4DR)	<b>Color</b> Gray
<b>License Plate</b> Hawaii / SVE805		<b>Vehicle Identification Number (VIN)</b> (b) (6), (b) (7)(C)			<b>Owner Name</b> (b) (6)	
<b>Other Identifying Marks</b>						
<b>PROPERTY</b>						
<b>PROPERTY - NARCOTIC(S)</b>						
<b>WITNESS(S)</b>						
<b>WITNESS</b>						<b>DD2701 Issued :</b>
<b>Name</b> (b) (6), (b) (7)(C)		<b>ID Num</b>		<b>Rank</b>		
<b>Branch of Service</b>	<b>Personnel Type</b> CIVILIAN	<b>Status</b> (b) (6), (b) (7)(C)	<b>Date of Birth</b>	<b>Place of Birth</b>		
<b>Address</b> (b) (6), (b) (7)(C)						
<b>Organization</b>			<b>UIC / RUC</b>	<b>Work Telephone</b>		
<b>WITNESS</b>						<b>DD2701 Issued :</b>
<b>Name</b> (b) (6), (b) (7)(C)		<b>ID Num</b>		<b>Rank</b>		
<b>Branch of Service</b>	<b>Personnel Type</b> CIVILIAN	<b>Status</b> (b) (6), (b) (7)(C)	<b>Date of Birth</b>	<b>Place of Birth</b>		
<b>Address</b> (b) (6), (b) (7)(C)						
<b>Organization</b>			<b>UIC / RUC</b>	<b>Work Telephone</b>		
<b>WITNESS</b>						<b>DD2701 Issued :</b>
<b>Name</b> (b) (6), (b) (7)(C)		<b>ID Num</b> SSN/ (b) (6), (b) (7)(C)		<b>Rank</b>		
<b>Branch of Service</b>	<b>Personnel Type</b> CIVILIAN	<b>Status</b> CIVILIAN	<b>Date of Birth</b> (b) (6), (b) (7)(C)	<b>Place of Birth</b>		
<b>Address</b> (b) (6), (b) (7)(C)						
<b>Organization</b> (b) (6), (b) (7)(C)			<b>UIC / RUC</b>	<b>Work Telephone</b>		
<b>VICTIMS(S)</b>						
<b>SPONSOR(S)</b>						
<b>SPONSOR</b>						
<b>Name</b> (b) (6), (b) (7)(C)		<b>ID Num</b>		<b>Rank</b>		
<b>Branch of Service</b> Marine Corps	<b>Personnel Type</b> MILITARY	<b>Status</b> Regular (Active)	<b>Date of Birth</b> (b) (6), (b) (7)(C)	<b>Place of Birth</b>		
<b>Address</b> (b) (6), (b) (7)(C)						
<b>Organization</b>			<b>UIC / RUC</b>	<b>Work Telephone</b>		



1/12		M13310		808-257-3207	
Sponsor of :					
SPONSOR					
Name		ID Num		Rank	
(b) (6), (b) (7)(C)					
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth	
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)		
Address					
(b) (6), (b) (7)(C)					
Organization		UIC / RUC		Work Telephone	
3/3		M13134			
Sponsor of :					
SPONSOR					
Name		ID Num		Rank	
(b) (6), (b) (7)(C)					
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth	
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)		
Address					
(b) (6), (b) (7)(C)					
Organization		UIC / RUC		Work Telephone	
3D RAD BN		M21541		808-257-1491	
Sponsor of :					
SUSPECT(S) / ARRESTEE(S)					
SUSPECT					
Name		ID Num		Rank	
(b) (6), (b) (7)(C)					
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth	
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)		
Address					
(b) (6), (b) (7)(C)					
Organization		UIC / RUC		Work Telephone	
CLB-3		M29039		808-257-1600	
Maiden Name and Known Alias(es) :					
ADDITIONAL SUSPECT / ARRESTEE INFORMATION					
Offense(s) Committed by This Suspect/Arrestee:					
UCMJ - Article 109 - Property other than military property of United States-waste, spoilage, or destruction (on or after January 1, 2019) - Principal					
SUSPECT / ARRESTEE DESCRIPTION					
Sex	Race	Ethnicity	Resident of Jurisdiction		
Female	Mixed	Hispanic	Resident		
Hair Color	Eye Color	Height (Inches)	Weight (lbs.)	Body Build	Dexterity
(b) (6), (b) (7)(C)					
Hair Type(s):		Hair Style(s):		Facial Hair :	
Complexion :				Appearance :	
Attire :		Speech :		Demeanor :	
IDENTIFYING MARKS					
Type	Location		Description		
ARRESTEE INFO					
Date Arrested :		Type of Arrest :			
Multiple Clearance :		Disposition of Juvenile :			
Suspect Was Armed With :					
ADDITIONAL POLICE OFFICERS					
POLICE OFFICER					
Name		ID Num		Rank	
(b) (6), (b) (7)(C)					
Branch of Service	Personnel Type	Status	Organization		



Marine Corps	MILITARY	Regular (Active)	HQBN/PMO
<b>POLICE OFFICER</b>			
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Organization HQBN/PMO
<b>POLICE OFFICER</b>			
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service	Personnel Type CIVILIAN	Status CIVILIAN EMPLOYEE	Organization PMO
<b>NARRATIVE</b>			
<p>At 2025, 29 AUG 19, PMO was notified via Military 911, of a Multiple Motor Vehicle Collision (POV-POV), with injuries, which occurred adjacent to 6621B Cochran Street Kailua, HI 96734. This is located in the special maritime and territorial jurisdiction of the United States.</p> <p>At 2030, 29 AUG 19, Military Police (b) (6), (b) (7)(C), FFD arrived on scene and started evaluating (b) (6), (b) (7)(C) who was conscious but unresponsive.</p> <p>At 2033, 29 AUG 19, Military Police (b) (6), (b) (7)(C) arrived on scene to FFD evaluating (b) (6), (b) (7)(C). Military Police (b) (6), (b) (7)(C) observed (b) (6), (b) (7)(C) lying on the ground next to Vehicle-1 bleeding profusely from the mouth.</p> <p>At 2038, 29 AUG 19, EMS arrived on scene and began evaluating.</p> <p>At 2045, 29 AUG 19, EMS transported (b) (6), (b) (7)(C) to Queens Medical Center for further evaluation. Military Police (b) (6), (b) (7)(C) departed from the scene.</p> <p>At 2112, 29 AUG 19, Military Police (b) (6), (b) (7)(C) secured the scene with no further incident.</p> <p><b>Statements:</b>          Witness-1: (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I heard a loud bang outside my window, I looked out and saw smoke coming from the hood of two vehicles. When I went outside I saw the female that was driving the red car on the ground, she had a lot of blood coming from her face.          Witness 2: (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was running on the other side of the street when all of a sudden I heard a loud crash, when I looked over I saw that a red car had collided with a silver car. I saw a female fall out of the red vehicle onto the ground.          Driver-1 provided me with a verbal statement essentially relating the following: I don't remember how I hit the car all I remember I was crawling out of the car and blood coming out of mouth and people coming up to me and putting me in the ambulance.</p> <p>At 1352, 17 SEP 19, I advised Driver-1 of her Military Suspect's Acknowledgement and Cleansing Waiver of Rights. Driver-1 read, understood, waived her rights and chose to remain silent.</p> <p><b>Investigation:</b>          Investigation revealed Driver-1 was operating Vehicle-1, traveling east on Cochran street at an unknown speed, when she collided with Vehicle-2. Vehicle-2 was parked facing west on Cochran street. The front bumper of Vehicle-1 made contact with Vehicle-2 front bumper causing it to be pushed back approximately 10 feet. Upon further investigation, Vehicle-1 driver's side windshield was cracked on the inside possibly resulting in (b) (6), (b) (7)(C) not wearing her seatbelt.</p> <p><b>Damage:</b>          Vehicle-1 sustained damage consisting of, but not limited to crushed front bumper and hood, and a cracked windshield.          Vehicle-2 sustained damage consisting of, but not limited to crushed front bumper.</p> <p><b>Injuries:</b>          Driver-1 suffered minor lip and tongue laceration from the collision.</p> <p><b>Citations:</b>          Driver-1 was issued (1) DD Form 1408 (N19351581) for inattention to driving and failure to maintain sufficient distance.          FM/H BETHEL was issued (1) DD Form 1408 (N19351582) for being parked facing opposite flow of traffic.</p> <p><b>MP Note:</b>          Vehicle-2 was moved approximately 10 feet after the impact. Vehicle-1 was traveling at an unknown speed due to no roadway evidence.          CID was notified 17 SEP 2019 at 1012 and declined the investigating.          Refer to Transaction Control Number 39KH0120190924145446 DNA kit number 0232260.</p>			
<b>ENCLOSURE(S)</b>			
ENCL #	DESCRIPTION		
1	Photograph log		



5	OPNAV5580/14		
6	(b) (6), (b) (7)(C)	medical paperwork	
7	Military Suspect's Acknowledgement And Cleansing Waiver of Rights (b) (6), (b) (7)(C)		
8	Military Suspect's Acknowledgement And Waiver of Rights (b) (6), (b) (7)(C)		
9	DD Form 2708 (b) (6), (b) (7)(C)		
10	DNA Database Collection Form		
REPORTING/APPROVING OFFICIALS			
Reporting Official (b) (6) Accident Investigator		Date 25-SEP-2019	Approving Official (b) (6), (b) (7)(C) Accident Investigations Chief
		Date 25-SEP-2019	FINAL APPROVED ON 25-SEP-2019
DISTRIBUTION			
Referred To/Assumed By :			
Distribution :			



Photo-1: Front left profile of Vehicle-1; new damage circled below.

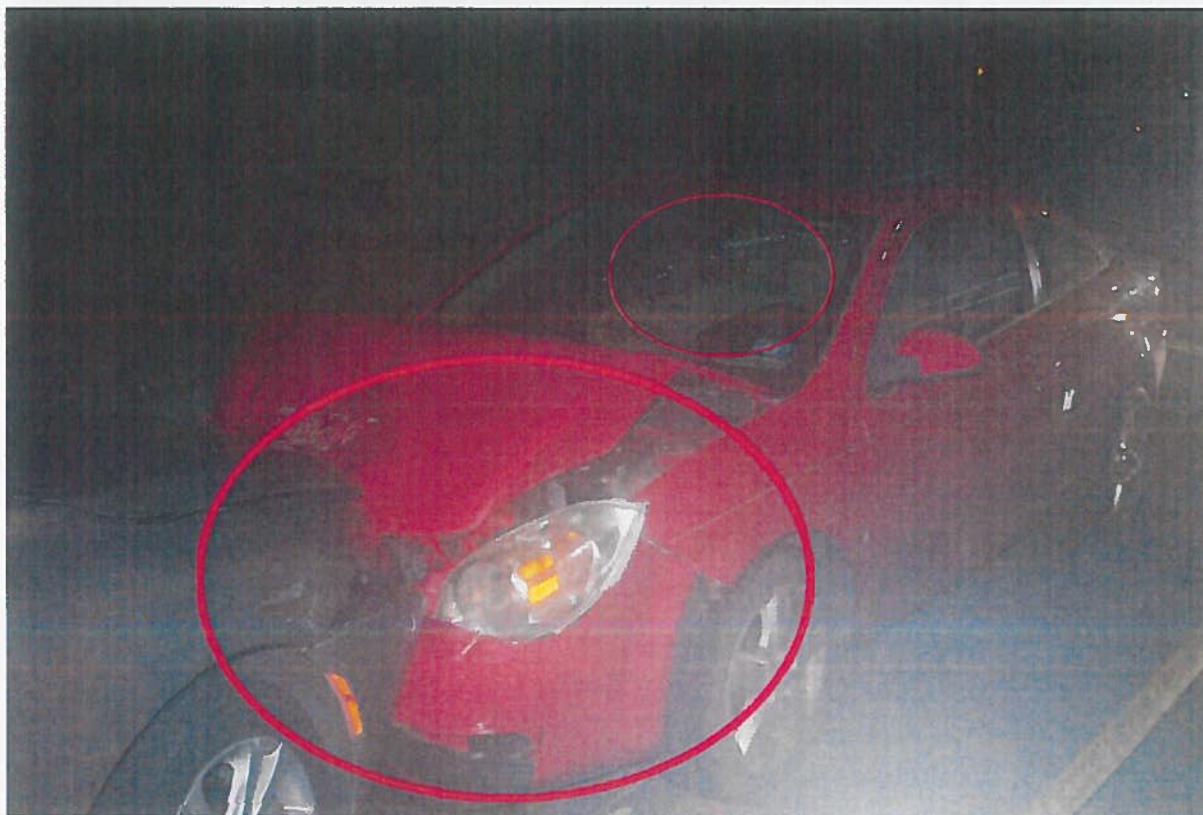


Photo-2: Rear right profile of Vehicle-1; no new damage shown.





Photo-3: Close up of Vehicle-1; damage consisting of, but not limited to crushed front bumper and hood, and a cracked windshield.



Photo-4: Front left profile of Vehicle-2; new damage circled below.





Photo-5: Rear right profile of Vehicle-2; no new damage shown.



Photo-6: Close up of Vehicle-2 sustained damage consisting of, but not limited to crushed front bumper.





**ARMED FORCES TRAFFIC TICKET**

No COURT

☐ WARNING  
(See Remarks below)

NAME (Last, First, Middle Initial)

The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.

1. NAME (Last, First, Middle Initial)  
(b) (6), (b) (7)(C)

2. RANK / GRADE  
(b) (6), (b) (7)(C)

3. DATE OF BIRTH  
(b) (6), (b) (7)(C)

4. SOCIAL SECURITY NO.  
(b) (6), (b) (7)(C)

5. ORGANIZATION OR ADDRESS  
CLB-3

6. DRIVER LICENSE NUMBER  
(b) (6), (b) (7)(C)

7. ISSUING AUTHORITY (State or Military)

8. MAKE OR TYPE OF VEHICLE  
CHRY / COBALT

9. STATE LICENSE OR REGIS NO.  
TTF 921 / HI

10. INSTL TAG NO.  
T7921349

11. DATE (Day-month-year)  
29 Aug 19

12. TIME  
2132

13. LOCATION  
COCHRAN ST

14. ☒ SPEED OVER LIMIT  
(mph in a mph zone)

5 - 10 MPH

11 - 15 MPH

OVER 15 MPH

IMPROPER LEFT TURN → NO SIGNAL

CUT CORNER

FROM WRONG LANE

IMPROPER RIGHT TURN → NO SIGNAL

INTO WRONG LANE

FROM WRONG LANE

DISOBEYED TFC SIGNAL (When light turned red) → PAST MIDDLE INTERSECTION

MIDDLE OF INTERSECTION

HAD NOT REACHED INTERSECTION

DISOBEYED STOP SIGN → STOPPED WRONG PLACE

FAILED TO STOP

ROLLED / SPED THROUGH

IMPROPER PASSING AND LANE USAGE → AT INTERSECTION

CUT IN

WRONG SIDE OF ROAD

BETWEEN TFC

ON RIGHT

ON HILL

LANE STRADDLING

WRONG LANE

ON CURVE

FOL TOO CLOSELY

OTHER VIOLATIONS (Describe)

FAILURE TO YIELD

PARKING

OVERTIME

DOUBLE PARKING

PROHIBITED AREA

Other (Describe in Remarks)

CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION

SLIPPERY PAVEMENT

RAIN

AREA

SNOW

BUSINESS

ICE

INDUSTRIAL

DARKNESS

NIGHT

RURAL

FOG

SCHOOL

SNOW

RESIDENTIAL

CROSS

HIGHWAY

ONCOMING

TYPE

PEDESTRIAN

2 - LANE

SAME DIRECTION

3 - LANE

PEDESTRIAN

4 - LANE

DRIVER

4 - LANE

JUST MISSED ACCT

DIVIDED

TRAFFIC ACCIDENT

TYPE OF ACCIDENT:

FI

FATAL

PEDESTRIAN

VEHICLE

HIT FIXED OBJ

RIGHT ANGLE

SIDESWIP

REAR END

INTERSECTION

HEAD ON

RAN OFF ROAD

15. REMARKS

1) INATTENTION TO DRIVING

2) FAILURE TO MAINTAIN SUFFICIENT DISTANCE

16. NAME OF PERSON ISSUING TRAFFIC TICKET  
(b) (6), (b) (7)(C)

17. ORGANIZATION AND INSTALLATION  
PMO MCBH AID

18. RANK / GRADE  
(b) (6), (b) (7)(C)

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

1

X NOT PRESENT

#

TICKET NUMBER  
N19351581

ENCLOSURE(2)

190230100470



**ARMED FORCES TRAFFIC TICKET**

**WARNING**  
(See Remarks below)

NAME  
(Last, First, Middle Initial)

The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.

1. NAME (Last, First, Middle Initial)  
(b) (6), (b) (7)(C)

2. RANK / GRADE  
(b) (6), (b) (7)(C)

3. DATE OF BIRTH  
(b) (6), (b) (7)(C)

4. SOCIAL SECURITY NO.  
(b) (6), (b) (7)(C)

5. ORGANIZATION OR ADDRESS  
(b) (6), (b) (7)(C)

6. DRIVER LICENSE NUMBER  
(b) (6), (b) (7)(C)

7. ISSUING AUTHORITY (State or Federal)  
(b) (6), (b) (7)(C)

8. MAKE OR TYPE OF VEHICLE  
CHRY 1200

9. STATE LICENSE OR REGIS NO.  
SVE 805/HI

10. INSTL TAG NO.  
T7856882

11. DATE (Day-month-year)  
29 AUG 19

12. TIME  
2200

13. LOCATION  
COCHRAN ST

14. SPEED OVER LIMIT (mph in a mph zone)

15. VIOLATION

16. PARKING

17. CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION

18. REMARKS

19. NAME OF PERSON ISSUING TRAFFIC TICKET  
(b) (6), (b) (7)(C)

20. ORGANIZATION AND INSTALLATION  
PMO AID MCBH

21. RANK / GRADE  
(b) (6), (b) (7)(C)

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

TICKET NUMBER  
N19351582

1

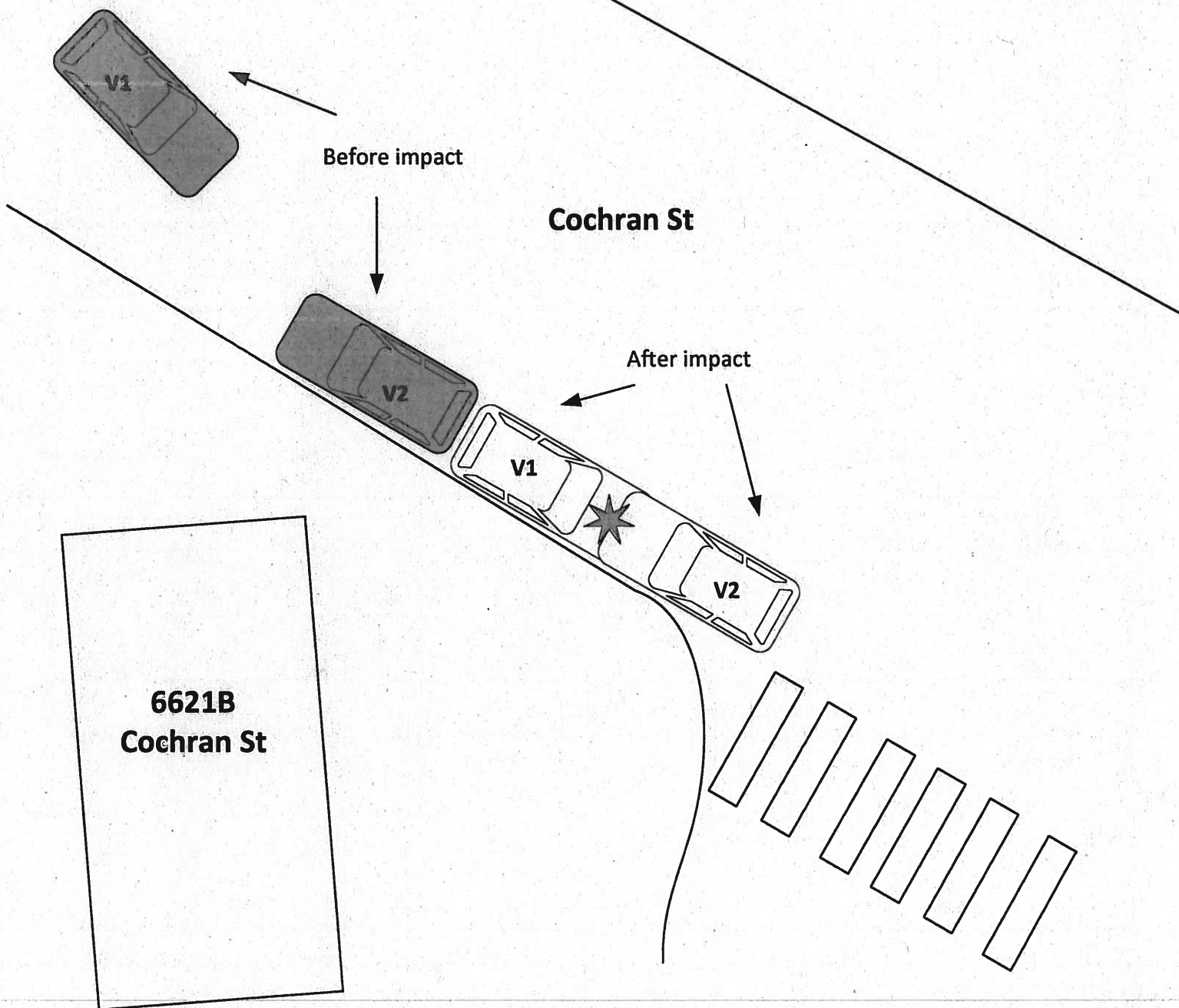
190230100470

ENCLOSURE(3)



# SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20190829	2022	6621B Cochran St	(b) (6), (b) (7)(C)	190230100470



(Not to scale)



DEPARTMENT OF THE NAVY

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

DATE 20190909

In connection with an official investigation, I,

(b) (6), (b) (7)(C)

hereby authorize and request any and all doctors, hospitals, and other institutions having information or records pertaining to any medical or psychiatric examinations or treatment that I have received at any time to furnish full and complete information relative thereto to any duly authorized representative of the

PROVOST MARSHAL OFFICE

who presents this authorization. This authorization specifically includes authority to release for examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records, and specifically includes the request that any doctors with knowledge of my case freely furnish their evaluations and/or opinions.

(b) (6), (b) (7)(C)

(Signature)

Witness

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)



# AFTER VISIT SUMMARY

(b) (6), (b) (7)(C)



THE QUEEN'S MEDICAL CENTER

8/29/2019 - 8/31/2019 808-691-4142



## Your Next Steps



Do

- ☐ Schedule an appointment with KANE OHE M C B NAVAL MEDICAL CLINIC as soon as possible for a visit in 1 week(s)

COMMANDING OFFICER - NHCLH  
BHC KANE OHE OREC - 480  
CENTRAL AVE  
PEARL HARBOR HI 96860-4908  
808-257-3365

for hospital discharge follow-up.  
Clinic is closed on Monday,  
9/2/2019. If you are experiencing  
any medical or mental crisis call 911  
or go to the nearest urgent care or  
emergency room, or to The Tripler  
Army Medical Center ER.

## YOUR AFTER VISIT SUMMARY (AVS)

- Copy Given to Patient/Caregiver -

Thank you for entrusting us with you or your family's care today. Our goal is to provide the best patient care possible. It is very important to continue treatment at home and to see a follow-up physician. Besides the contact information listed below, included is some helpful information.

### Smoking Cessation:

If you are a smoker - please consider quitting. If you are not a smoker - please don't start. If you would like information on quitting, please ask.

**Please bring this paper when you or your family sees the doctor.**

## Why you were hospitalized

(b) (6), (b) (7)(C)

## You were seen by the following providers

Provider	Role	Specialty
Attending Provider		

(b) (6), (b) (7)(C)

Others who treated you

(b) (6), (b) (7)(C)

## Allergies

(b) (6), (b) (7)(C)

## MyChart

MyChart Powered by Queen's.

Go to <https://mychart.queens.org>.

Click on **Sign Up Now**.

MyChart Activation Code:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

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ENCLOSURE (6)





### Activity instructions

(b) (6), (b) (7)(C)



### Diet instructions

(b) (6), (b) (7)(C)



### Other instructions

(b) (6), (b) (7)(C)

## What's next

(b) (6), (b) (7)(C)

COMMANDING OFFICER - NHCLH BHC  
Kaneohe OREC - 480 CENTRAL AVE  
PEARL HARBOR HI 96860-4908  
808-257-3365

for hospital discharge follow-up. Clinic is closed on Monday,  
9/2/2019. If you are experiencing any medical or mental crisis call  
911 or go to the nearest urgent care or emergency room, or to The  
Tripler Army Medical Center ER.

## Medication List

(b) (6), (b) (7)(C)

## Additional Information

**If you are in emotional crisis or have thoughts or intentions of wanting to hurt yourself please contact:**

Oahu Crisis Line (808) 832-3100

**If you live on an island other than Oahu:**


Neighbor Island Crisis Line 1-800-753-6879

### Additional Resources:

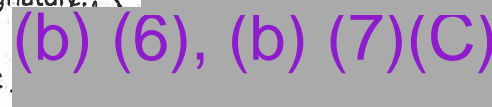
- National Suicide Prevention Lifeline 1-800-273-8255
- Crisis Text Line 741741

Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support and information via text.  
Your opening message can say anything and you will be connected to a live Crisis Counselor.

I received and understand the instructions of items listed above. All my questions were answered to my satisfaction.

Patient/Surrogate Signature: 

Date and Time: 20190931 12:07


Nurse(RN) Signature: 

Date and Time: 8-31-19 1207

(b) (6), (b) (7)(C)

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ENCLOSURE 



## Additional Information

For additional questions or concerns regarding your discharge plan, please call the Transitional Case Management Program (TCMP) at the Queens Health Systems. Phone 808-691-8233. Available M-F 8:00am to 4:30pm. For medical emergencies, please call 911.

*You may receive a survey in the mail about your stay with us and we encourage you to tell us about your experience. In the spirit of our founders, we strive to continually meet the needs of our community. Sharing your experience with us will help to improve the care we provide to you and all of our patients.*

***Mahalo for allowing us to care for you.***

(b) (6), (b) (7)(C)  
190230100470

• Printed at 8/31/19 12:00 PM

Page 3 of 3  
ENCLOSURE (6)



(b) (6), (b) (7)(C)

**Kaneohe M C B Naval Medical Clinic.**

**COMMANDING OFFICER - NHCLH BHC KANEOHE OREC - 480  
CENTRAL AVE**

**Pearl Harbor HI 96860-4908**

ph: 808-257-3365 / ph: 808-257-5041

(b) (6), (b) (7)(C)

Clinic is closed on Monday, 9/2/2019. If you are experiencing any medical or mental crisis call 911 or go to the nearest urgent care or emergency room, other than The Tripler Army Medical Center.

190230100470

ENCLOSURE (6)



DEPARTMENT OF THE NAVY

MILITARY SUSPECT'S ACKNOWLEDGEMENT AND CLEANSING WAIVER OF RIGHTS

Place: BLDG 1096 MCRH KANEHOHE BAY, HI, 96863  
Time/Date: 1352 / 20190417

I, (b) (6), (b) (7)(C)

have been advised by (b) (6), (b) (7)(C)

that I am suspected of Damage to Private Property (Article 109 UCMJ)

I have also been advised that:

- (b) (6), (b) (7)(C) (1) Any prior illegal admissions or other improperly obtained evidence which may have incriminated me cannot be used against me in a court of law or other judicial or administrative proceeding; (b) (6), (b) (7)(C)
- (b) (6), (b) (7)(C) (2) I have the right to remain silent and make no statement at all; (b) (6), (b) (7)(C)
- (b) (6), (b) (7)(C) (3) Any statement I do make can be used against me in a court of law or other judicial or administrative proceeding; (b) (6), (b) (7)(C)
- (b) (6), (b) (7)(C) (4) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at no cost to the United States, or, if I cannot afford a lawyer, one will be appointed to represent me at no cost to me; (b) (6), (b) (7)(C)
- (b) (6), (b) (7)(C) (5) I have the right to have my retained or appointed lawyer present during this interview; and (b) (6), (b) (7)(C)
- (b) (6), (b) (7)(C) (6) I may terminate this interview at any time, for any reason. (b) (6), (b) (7)(C)

I understand my rights as related to me and as set forth above. With that understanding, I have decided that I ~~do desire~~ / ~~do not desire~~ to remain silent, consult with a retained or appointed lawyer, or have a lawyer present at this time. I make this decision freely and voluntarily. No threats or promises have been made to me.

(b) (6), (b) (7)(C)  
Signature: \_\_\_\_\_

Time and Date: 1356 20190917

Witnessed: (b) (6), (b) (7)(C)

Page 1 of 1 (b) (6), (b) (7)(C) int.



DEPARTMENT OF THE NAVY  
**MILITARY SUSPECT'S ACKNOWLEDGEMENT AND WAIVER OF RIGHTS**

Place: BLDG 1096 MCBH KANEHEHA

H1 96863

I, (b) (6), (b) (7)(C)

have been advised by (b) (6), (b) (7)(C)

that I am suspected of DAMAGE TO PRIVATE PROPERTY (ARTICLE 109 UCMJ)

I have also been advised that:

- (b) (6), (b) (7)(C)
- (1) I have the right to remain silent and make no statement at all; (b) (6), (b) (7)(C)
- (2) Any statement I do make can be used against me in a trial by court-martial or other judicial or administrative Proceeding; (b) (6), (b) (7)(C)
- (3) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at no cost to the United States, a military lawyer appointed to act as my counsel at no cost to me, or both; (b) (6), (b) (7)(C)
- (4) I have the right to have my retained civilian lawyer and/or appointed military lawyer present during this interview; and (b) (6), (b) (7)(C)
- (5) I may terminate this interview at any time, for any reason. (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) I understand my rights as related to me and as set for above. With that understanding, I have decided that I do not desire to remain silent, consult with a retained or appointed lawyer, or have a lawyer present at this time. I make this decision freely and voluntarily. No threats or promises have been made to me.

(b) (6), (b) (7)(C)

Signature: \_\_\_\_\_

Date & Time: 1400 20190917

Witnessed: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date & Time 1400 20190917

At this time, I, \_\_\_\_\_  
desire to make the following voluntary statement. This statement is made with an understanding of my rights as set forth above. It is made with no treats or promises having been extended to me.



# RECEIPT FOR PRE-TRIAL/POST-TRIAL PRISONER OR DETAINED PERSON

## 1. RECEIVED FROM

a. UNIT/AGENCY (Annotate the releasing Unit/Agency)

b. DATE (YYYYMMDD)

c. TIME

PMO HQBN MCBH

20A0917

1403

d. PRISONER NAME (Last First Middle)

e. SOCIAL SECURITY NUMBER (Last 4 only)

f. GRADE

g. BRANCH

(b) (6), (b) (7)(C)

USMC

h. INSTALLATION

i. DUTY STATION

MCBH

2. TYPE OF CONFINEMENT (X all that apply)

☐

PRE-TRIAL

☐

POST-TRIAL

☒

UNDER CUSTODY

3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED (Annotate the Article Numbers and the specific charges associated with each one)

DAMAGE TO PRIVATE PROPERTY

4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE

UNDER CUSTODY / RELEASED TO UNIT REPRESENTATIVE

5. STATUS OF PERSONAL PROPERTY (Annotate where the prisoner's personal property is located (e.g. unit supply room, personal storage facility, mailed to Home of Record, etc.)

RETAINED ON PERSON

6. REMARKS (Annotate noteworthy information, comments about the prisoner's health, behavior, etc. that will assist in the successful completion of the Temporary Release or Transfer)

COOPERATIVE

7. RECEIPT FOR PERSON/PRISONER (Identification/verifier required on the person receiving custody of this prisoner)

a. NAME GRADE TITLE (Type or print)

b. SSN (Last 4 only)

c. GRADE

(b) (6), (b) (7)(C)

d. UNIT AGENCY

e. SIGNATURE

f. DATE (YYYYMMDD)

CLB-3

(b) (6), (b) (7)(C)

20190917

DD FORM 2708, MAR 2013 0

PREVIOUS EDITION IS OBSOLETE

ENCLOSURE (9)



# U.S. ARMY CRIMINAL INVESTIGATION LABORATORY DNA DATABASE COLLECTION FORM v2.0

(1) Offender Full Name:

Last: (b) (6), (b) (7)(C) Suffix:   
First:   
Middle:

(2) Offender Branch: Marine Corps

(3) Offender Social Security Num.  
(###-##-####)

(b) (6), (b) (7)(C)

(4) Offender Date of Birth: Day (b) (6), (b) (7)(C)

(5) Gender:

(b) (6), (b) (7)(C)

(6) Submitting Agency Name: Kaneohe Bay, HI-MCCID

If Agency is not on the list select "Agency Not On List" and write Agency name on printed form.

Agency Case Number: 190230100470

Point of Contact Name: (b) (6), (b) (7)(C)

Point of Contact Telephone Number:

Point of Contact Email Address:

(7) Offender/Arrestee  
Right Index Fingerprint

(b) (6), (b) (7)(C)

(8) Person in Block 1 is a: Arrestee

(If Convicted Offender, do NOT  
collect for Summary Court Martial)

If arrestee, have charges been preferred? Yes

Is the offender in pre-trial confinement? No

Is the commander's written RCM 305(h)(2)(c) memo complete?

Collection Offense 1: 109-DESTROY OR DAMAGE: NONMILT PROPERTY: I

Details:

Felony

Collection Offense 2:

Details:

Felony

Collection Offense 3:

Details:

Felony

(9) Correctional Facility, DCIO or Command Representative:

I attest that I performed the collection of the oral sample from and the fingerprinting of the individual identified on this card, and that the individual's last name and SSN were written on the back of the oral sample card. I attest that the individual qualifies for collection as a military convicted offender or arrestee, and that probable cause coordination was made with the OSJA. I further attest that I gave him/her the notification card and Privacy Act Statement informing him/her that he/she may petition for expungement in the event his/her conviction for the qualifying military offense(s) is/are overturned (convicted offender) or the charges against him/her did not result in a conviction (arrestee).

Signature Field: (b) (6), (b) (7)(C)

Date of Collection: 24-09-2019

If form is manually signed, please print name here: Printed Name:

- 1) Print the completed form.
- 2) Obtain the offender/arrestee's right index print in block 7.
- 3) Fold the form and include it in the shipping envelope with the DNA sample.

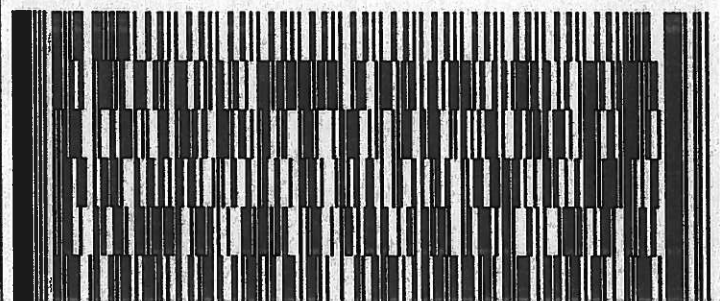
## For USACIL Personnel Only

Kit #:

Sample Received By:

Date of Receipt:

Affix Bar Code Here



190230100470

ENCLOSURE (10)